

Pharmacy and Therapeutics Committee
2/28/08

Chair: Thomas Simpatico

Attendees: Steve Barden, Kate Plummer, Brenda Whetmore, Tommie Murray, Mary Beth Bizzari, Fran Levine, Anne Jerman, Deb Bard

ADRs

Tommie Murray explained that there has been some discussion regarding whether side effects should be counted as ADRs. Tommie said that she has been talking to other hospitals about this, as VSH has not counted side effects in the past, and this doesn't seem to be common practice. VSH, she said, is doing what's customary and expected – there are as many definitions of ADRs as there are medications. A category F ADR is the first level where there is harm to the patient. VSH had one ADR that was a category F in December. An analysis was done which included the DIPS tool suggested during the last DOJ visit. The analysis resulted in the conclusion that the potential category F ADR was a function of an overdose, not a drug-drug interaction.

Gold Standard

Gold Standard is a web-based drug-drug interaction and food-drug interaction tool. Anyone can look up combinations of medications. The doctors have begun looking at this so far for their patients. Anne suggested that nurses could use this to identify what medications might be causing a specific symptom. The nurses have not been trained to use this yet, but that could be done after the DOJ visit.

Polypharmacy

The Polypharmacy Clinical Practice guidelines have been active for several months. There's a mandatory training for the psychiatrists, and Dr. Simpatico tracks patients with contemporaneous medications for review with their attending. Currently, Dr. Simpatico is tracking: the number of patients getting contemporaneous neuroleptics medications without crosstapering, contemporaneous tricyclics, contemporaneous MAO inhibitors, and contemporaneous stimulants.

ECT

The ECT clinical practice guidelines were recently used. There was recently a patient for whom VSH staff was actively considering ECT and had this patient ready to go if there was no improvement in their condition, for emergency ECT. However, after the use of emergency medication the patient was convinced to eat, began getting out of bed, and was doing much better, so ECT was not needed.

Medication Reorder Forms

All new medication orders should be done on the new forms. Over time staff can go back and fix perhaps one or two of the older orders per week. Mary Beth mentioned that currently Myra is not notified if a patient is on one of these medications and it is d/c'd. The P&T Committee discussed how to notify Myra of this. For the time being, Mary Beth will continue to notify Myra when she receives notice that a medication has been d/c'd.